


APR 30 2007

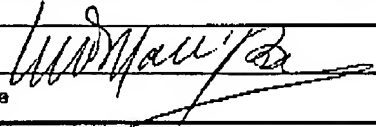
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/542,165
	Filing Date	7/14/2005
	First Named Inventor	ADACHI
	Art Unit	2834
	Examiner Name	Mullins
Total Number of Pages in This Submission	Attorney Docket Number	02-152-TN

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Posz Law Group, PLC		
Signature			
Printed name	James E. Barlow		
Date	30 April 2007	Reg. No.	32,377

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Liz Martella-Buse	Date	30 April 2007

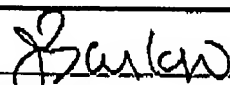
APR 30 2007

IAP12 Rec'd PCT/PTO 30 APR 2007

FEE TRANSMITTAL		Application Number 10/542,165 Filing Date 7/14/2005 First Named Inventor ADACHI Examiner Name Mullins Art Unit 2834	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Attorney Docket No. 02-152-TN	
TOTAL AMOUNT OF PAYMENT (\$ 200)			

METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):			
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	
							Small Entity
							Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							25
Multiple dependent claims							100
Total Claims							360
Extra Claims							180
Fee (\$)							
Fee Paid (\$)							
Multiple Dependent Claims							
Fee (\$)							
Fee Paid (\$)							
HP = highest number of total claims paid for, if greater than 20 11 - 20 or HP = 0 x 0 = 0							
HP = highest number of independent claims paid for, if greater than 3 4 - 3 or HP = 1 x 200 = 200							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof				Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x				=	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fee Paid (\$)
Other:							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 32,377	Telephone (703) 707-9110
Name (Print/Type)	James E. Barlow	Date	30 April 2007

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APR 30 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: ADACHI *et al.*

Serial No.: 10/542,165

Filed: 7/14/2005

Title: MOTOR AND METHOD OF
MANUFACTURING THE SAME

Atty. Dkt.: 02-152-TN

Art Unit: 2834

Examiner: Mullins

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date: 30 April 2007

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO (Fax. No. 571-273-8300) on 30 April 2007
Typed Name: Liz Martelle-Busc.Signature: AMENDMENT UNDER 37 CFR 1.111

Sir:

In response to the office action mailed 1 February 2007, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 10 of this paper.